

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-003098

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 205Primary Registration District No. 6047Registrar's No. 4

FILED FEB 4 1963

1. PLACE OF DEATH

a. COUNTY St. Charlesb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN WentzvilleLength of stay in 1b
23 yrs.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION RR #2Inside Limits
Yes ☐ No ☒2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY St. Charlesc. CITY OR TOWN WentzvilleInside Limits
Yes ☐ No ☒d. STREET ADDRESS (If outside, give location)
RR #2Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)First Middle Last
ISLA PEARL STEPHENS4. DATE OF DEATH Month Day Year
January 30, 19635. SEX
Female6. COLOR OR RACE
White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
2/14/18989. AGE (last birthday)
64IF UNDER 1 YEAR IF UNDER 24 HR.
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Cook10b. KIND OF BUSINESS OR INDUSTRY
Restaurant11. BIRTHPLACE (City and state or country)
Rennick, Mo. U.S.A.

13a. FATHER'S NAME

George Wilson

13b. MOTHER'S MAIDEN NAME

Minnie Denton

14. NAME OF HUSBAND OR WIFE

Hurlie Stephens15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No17. INFORMANT
Hurlie Stephens Wentzville, Mo. RR #218. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral HemorrhageINTERVAL BETWEEN ONSET AND DEATH
4 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hypertensive Cordis vascular disease3 yrs.

DUE TO (c)

PART II. OTHER: SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY. Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 19 59 to Jan 30, 1963 and last saw her alive on Jan 28, 1963
Death occurred at 10:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial23b. DATE
2/1/196323c. NAME OF CEMETERY OR CREMATORY
Stephens Cemetery23d. LOCATION (City, town, or county)
Silex, Missouri

(State)

24. FUNERAL DIRECTOR

T.E. Pitman Funeral Home 909 PitmanWentzville, Mo.25. DATE RECD. BY LOCAL REG.
Jan 31 1963

26. REGISTRAR'S SIGNATURE

Martin F. Buff

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

VS 300
Rev. 4/596920292034 15 167 08 29443X101112 90-013 1-0

FEB 27 1963

MAY 13 1963

NOV 5 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Carlton J. Pitman

Licensed Embalmer No. 4974

P. O. Address Wentzville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.